Assembly Select Committee on Social Determinants of Health (SDOH)

"Risk Factors are not Predictive Factors because of Protective Factors"

Rohan Radhakrishna, MD, MPH, MS (he/him)

Deputy Director and Chief Equity Officer

California Department of Public Health

Office of Health Equity

December 1, 2021

@DrRohanRad (Twitter)

Source: Prevention in Mental Health: Lifespan Perspectives, Jeste and Bell. p185

History will repeat itself unless we address the root causes of inequity

Disparities in influenza mortality and transmission related to sociodemographic factors within Chicago in the pandemic of 1918

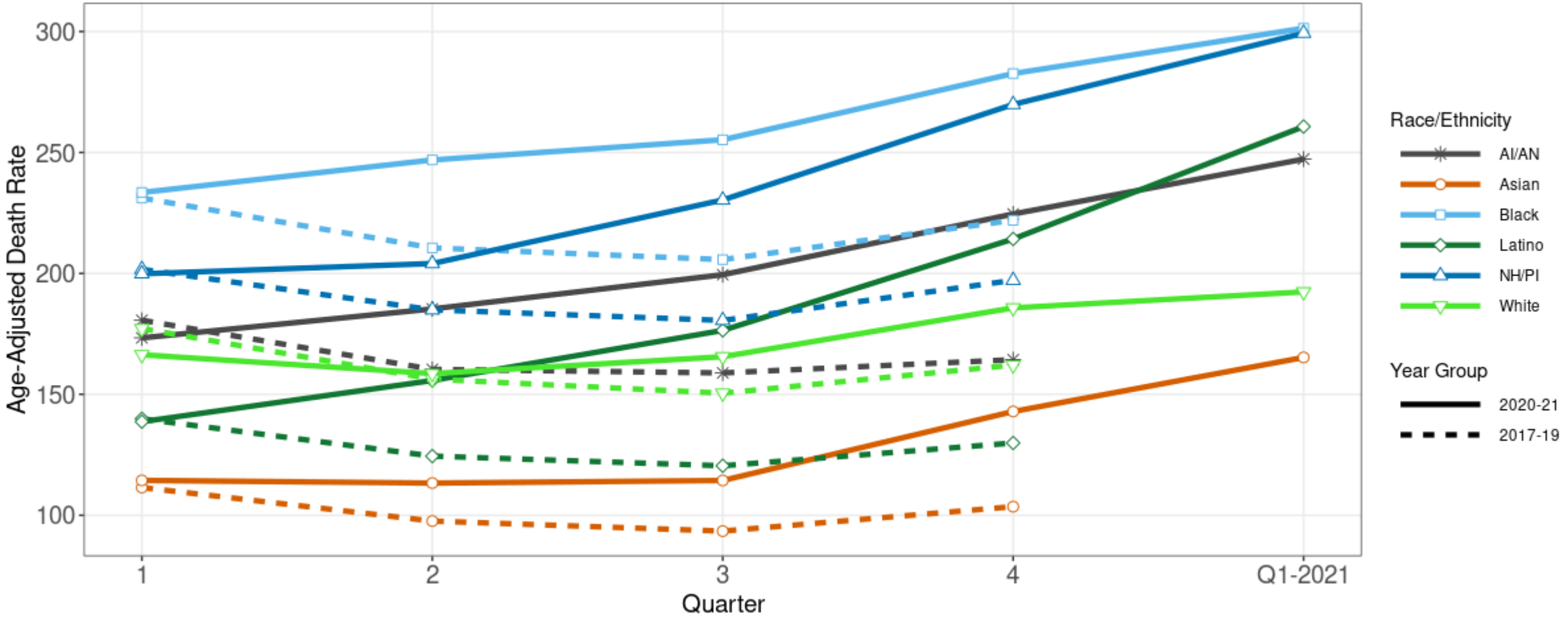
Kyra H. Grantz[a,b,1], Madhura S. Rane[c,1], Henrik Salje[d,e], Gregory E. Glass[b,f], Stephen E. Schachterle[g], and Derek A. T. Cummings[a,b,d,2]

Differential Burden in Neighborhoods with:
-lower literacy
-higher population density
-higher unemployment

2020 Increase in Death Rate SDOH & by race/ethnicity

- Excess mortality is associated with Social Determinants of Health (SDOH), including Poverty, Crowding, and Limited English Proficiency
- SDOH are based on the community level (census tract) not individual level, using the Krieger/Harvard Public health Disparities Geocoding approach
- Both SDOH and race/ethnicity are independently associated with excess mortality. The patterns of SDOH and excess mortality differed across race/ethnicity groups. These interrelationships are complex, difficult to measure, and important.

Trends in Death Rates by Race/Ethnicity by Quarter, 2020 and 2017-2019 Average



ELSEVIER

Annals of Epidemiology

Volume 58, June 2021, Pages 69-75

Original article

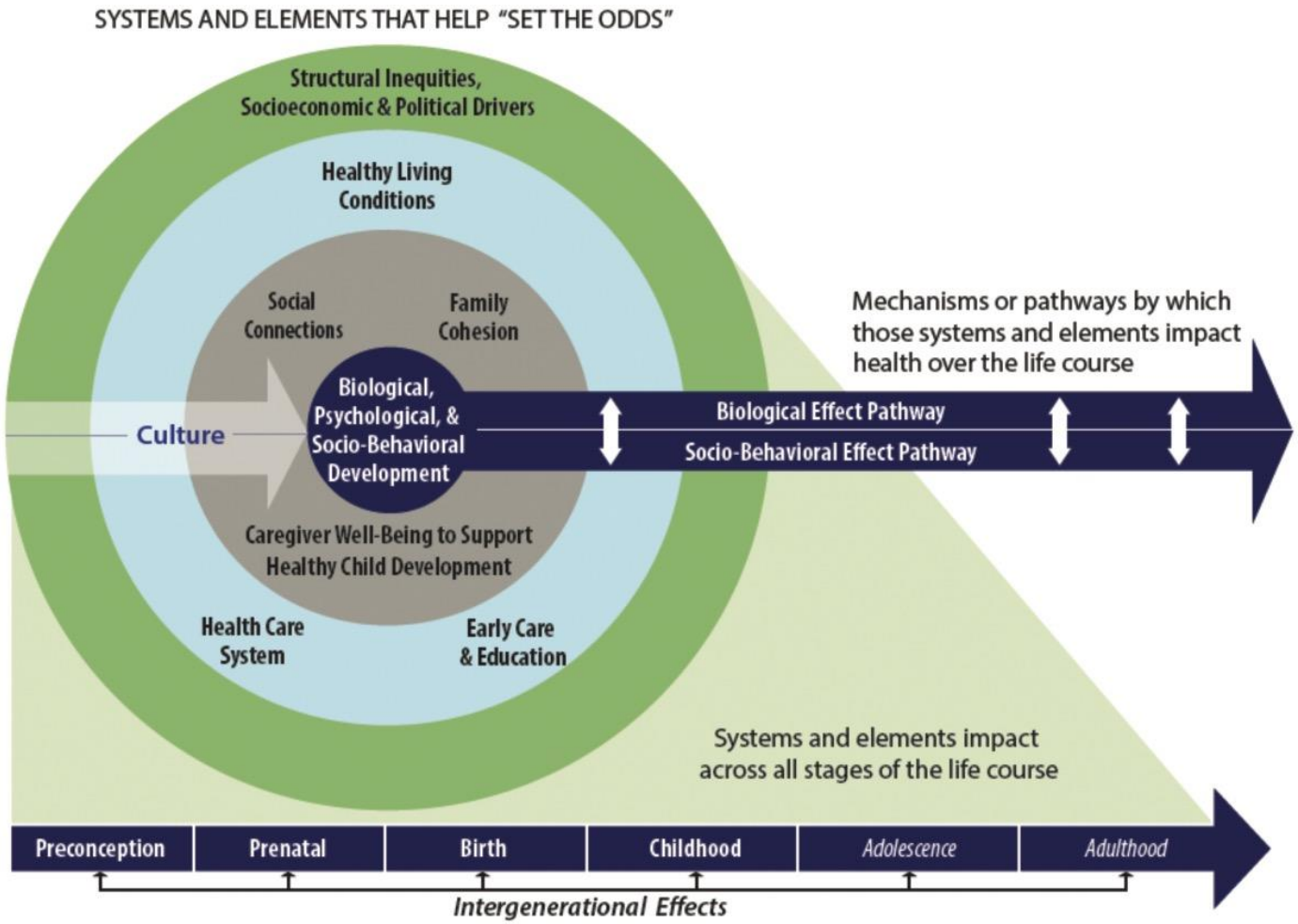
COVID-19 mortality in California based on death certificates: disproportionate impacts across racial/ethnic groups and nativity

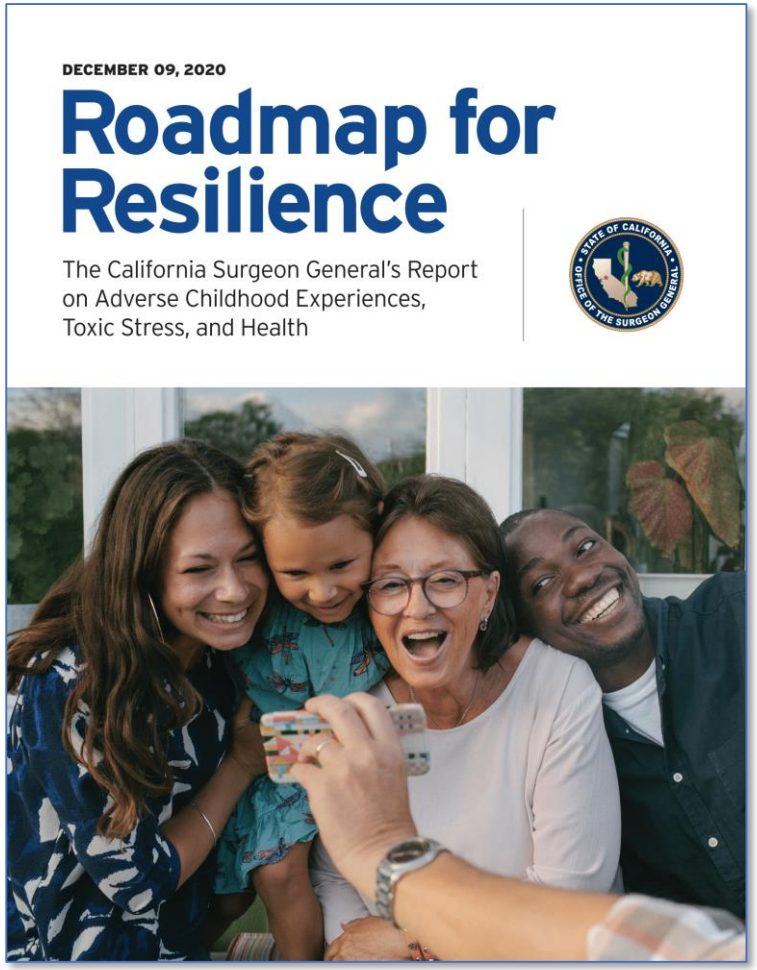
Erika Garcia PhD [a], Sandrah P. Eckel PhD [a], Zhanghua Chen PhD [a], Kenan Li PhD [b], Frank D. Gilliland MD [a]

- The **mortality ratio** is 4.18 higher for **Latinos** and 2.75 higher for **African Americans** than the **COVID-19 death rate** for Whites
- The **mortality ratio for foreign-born Latinos 20-64 years old with high school or less** is **10.73 times the COVID-19 death rate** for Whites
- The authors highlight some of the **structural factors such as workplace exposure**.

https://www.sciencedirect.com/science/article/pii/S1047279721000430

Structural Factors Influence Life Course Health





https://osg.ca.gov/sg-report/

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES

BAY AREA REGIONAL HEALTH INEQUITIES INTIATIVE

UPSTREAM

DOWNSTREAM

SOCIAL INEQUITIES

- Class
- Race/ethnicity
- Immigration Status
- Gender
- Sexual Orientation

INSTITUTIONAL INEQUITIES

- Corporations & Businesses
- Government Agencies
- Schools
- Laws & Regulations
- Not-for-Profit Oganizations

LIVING CONDITIONS

Physical Environment
- Land Use
- Transportation
- Housing
- Residential Segregation
- Exposure To Toxins

Economic & Work Environment
- Employment
- Income
- Retail Businesses
- Occupational Hazards

Social Environment
- Experience of Class, Racism, Gender, Immigration
- Culture - Ads - Media
- Violence

Service Environment
- Health Care
- Education
- Social Services

RISK BEHAVIORS

- Smoking
- Poor Nutrition
- Low Physical Activity
- Violence
- Alcohol & Other Drugs
- Sexual Behavior

DISEASE & INJURY

- Communicable Disease
- Chronic Disease
- Injury (Intentional & Unintentional)

MORTALITY

- Infant Mortality
- Life Expentacy

Strategic Partnerships Advocacy

Community Capacity Building
Community Organizing
Civic Engagement

Individual Health Education

Health Care

Case Management

POLICY

Emerging Public Health Practice

Current Public Health Practice

Office of Health Equity

Vision:
Everyone in California has equal opportunities for optimal health, mental health and well-being.

Mission:
Promote equitable social, economic, and environmental conditions to achieve optimal health, mental health, and well-being for all.

Central Challenge:
Mobilize understanding and sustained commitment to eliminate health inequity and improve the health, mental health, and well-being for all.

Statute
Established in 2012 by Section 131019.5 of the California Health and Safety Code.

Health and Safety Code Section 131019.5 A-N

… shall address the following key factors as they relate to health and mental health disparities and inequities:
(A) Income security such as living wage, earned income tax credit, and paid leave.
(B) Food security and nutrition such as food stamp eligibility and enrollment, assessments of food access, and rates of access to unhealthy food and beverages.
(C) Child development, education, and literacy rates, including opportunities for early childhood development and parenting support, rates of graduation compared to dropout rates, college attainment, and adult literacy.
(D) Housing, including access to affordable, safe, and healthy housing, housing near parks and with access to healthy foods, and housing that incorporates universal design and visitability features.
(E) Environmental quality, including exposure to toxins in the air, water, and soil.
(F) Accessible built environments that promote health and safety, including mixed-used land, active transportation such as improved pedestrian, bicycle, and automobile safety, parks and green space, and healthy school siting.
(G) Health care, including accessible disease management programs, access to affordable, quality health and behavioral health care, assessment of the health care workforce, and workforce diversity.
(H) Prevention efforts, including community-based education and availability of preventive services.
(I) Assessing ongoing discrimination and minority stressors against individuals and groups in vulnerable communities based upon race, gender, gender identity, gender expression, ethnicity, marital status, language, sexual orientation, disability, and other factors, such as discrimination that is based upon bias and negative attitudes of health professionals and providers.
(J) Neighborhood safety and collective efficacy, including rates of violence, increases or decreases in community cohesion, and collaborative efforts to improve the health and well-being of the community.
(K) The efforts of the Health in All Policies Task Force, including monitoring and identifying efforts to include health and equity in all sectors.
(L) Culturally appropriate and competent services and training in all sectors, including training to eliminate bias, discrimination, and mistreatment of persons in vulnerable communities.
(M) Linguistically appropriate and competent services and training in all sectors, including the availability of information in alternative formats such as large font, braille, and American Sign Language.
(N) Accessible, affordable, and appropriate mental health services.

Consult regularly with representatives of vulnerable communities, including diverse racial, ethnic, cultural, and LGBTQ communities, women's health advocates, mental health advocates, health and mental health providers, community-based organizations and advocates, academic institutions, local public health departments, local government entities, and low-income and vulnerable consumers.

Health in All Policies Task Force

Vision for California (what we want)

California government advances health, equity, and sustainability in all policies.

Purpose of the HiAP Task Force (what we do)

1. Promote a government culture that prioritizes the health and equity of all Californians across policy areas.
2. Infuse state agency and department practices with health and equity considerations.
3. Provide a forum for departments and agencies to identify shared goals and opportunities to enhance performance through collaboration.

Strategies of the HiAP Task Force (how we do it)

Convene and Facilitate Cross Sector Collaboration
- 22-Agency Task Force
- Multi-Agency Working Groups
- Other coordination as needed

Embed Health and Equity into government programs and practices across agencies and departments

Engage Local & Community Stakeholders in giving input on how the Task Force can best support their healthy community efforts locally

Ensure Accountability through monitoring & reporting

Provide Consultation and Capacity Building to agencies and departments on applying a health and equity lens

Disseminate the HiAP Approach to local and state agencies and organizations

“risk factors are not predictive factors because of protective factors”

Source: Prevention in Mental Health: Lifespan Perspectives, Jeste and Bell. p185